2007 NOT-FOR-PROFIT CORPORATION, ANNUAL REPORT (AR)

May 14, 2007 8:00 am DOCUMENT # N06000012271 Secretary of State 1. Entity Name 05-14-2007 90078 023 ****70.00 GREATER COMMUNITY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 654 SW BUNKER ST 654 SW BUNKER ST MADISON FL 32340 MADISON FL 32340 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 20-4/26764 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALEXANDER, JERRY Street Address (P.O. Box Number is Not Acceptable) 654 SW BUNKER ST MADISON FL 32340 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Defete THUE Addition NAME ALEXANDER, MERELDA NAME STREET ADDRESS STREET ADDRESS 193 SW HUTTO POND TR CITY-ST-ZIP CITY-S1-7/P MADISON FL 32340 TITLE ☐ Delete Change ■ Addition NAME JOHNSON, MICHAEL D STREET ADDRESS STREET ADDRESS 2013 NW MT HOREB RD CITY-ST-7IP PINETTA FL 32350 CITY-S1-7IP TITLE Delete THE ☐ Change ☐ Addition NAME JOHNSON, ANNIE L STREET ADDRESS STREET ADDRESS 2013 NW MT HOREB RD CITY-S1-ZIF CHY-ST-ZIP PINETTA FL 32350 ☐ Delete TITLE Addition ☐ Change NAME NAMI ALEXANDER, BRUCE STREET ADDRESS STREET ADDRESS 654 SW BUNKER ST CITY-ST-ZIP CITY-ST-7IP MADISON FL 32340 TITLE ☐ Delete HILE Change ■ Addition NAME ALEXANDER, JERRY NAME STREET ADDRESS 193 SW HUTTO POND TR STREET ADDRESS CITY-ST-ZIP MADISON FL 32340 CITY-ST-ZIP TITLE Delete Change ☐ Addition THE NAME NAM STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED